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Mothers Against Drunk Driving
Understanding the Educational Process of Victim Impact Panels

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The Effect of Victim Impact Panels on DUI/DWI Rearrest Rates: A Twelve-Month Follow-Up

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ABSTRACT. *Objective:* Various interventions have been implemented as components of sentencing for driving under the influence of alcohol. This study assessed the effectiveness of the Victim Impact Panel (VIP) in reducing the probability of an offender being rearrested for drinking and driving. *Method:* The study was conducted in an urban/suburban county in the Southeastern United States. Rearrest rates of DUI offenders who attended a VIP presentation as part of their sentencing ($n = 404$) were compared with an equivalent comparison group ($n = 431$) who did not have the VIP presentation. Arrest records of offenders were searched and rearrest rates (%) were calculated for the periods 0-6 months, 7-12 months, and 0-12 months after the arrest. *Results:* Chi-square cross-tabulations indicate that rearrest rates were lower for the VIP group than the comparison group in all categories. Three categories where the differences were significant and of the greatest magnitude were white men, ages 26-35 years, and one prior DUI arrest. Additionally, logistic regression was used to compare the importance of specific independent variables on rearrest. Whether or not a subject was in the VIP group was the most powerful contributor to the results. *Conclusions:* After considering alternative explanations for the results, we conclude that the VIPs can be a cost-effective way of reducing the probability of rearrest in DUI offenders. When costs of DUI in human misery and dollars are considered, the potential benefits of large-scale implementation of VIP programs appear to be well worth the effort. (*J. Stud. Alcohol* **60:** 514-520, 1999)

WHILE THE PERCENTAGE of alcohol-related crash fatalities in the United States declined by approximately 14% from 1986-1992 (Gordis, 1996), driving under the influence of alcohol and other drugs (DUI) continues to account for an inordinate number (and percentage) of traffic crashes. In the past 10 years, an average of 20,000 alcohol-related automobile fatalities have occurred annually in the United States (NHTSA, 1995a). Of these, some 75% had a blood alcohol content (BAC) of .10 or higher. Most states have enacted legislation that lowers the BAC that is per se evidence of DUI to .10 and many are considering lowering it even further, even to .05. In spite of these changes, the DUI laws in the United States appear to be among the most lenient in the world. Add to this the "no contest" plea and plea negotiations that enable many DUI offenders to retain their drivers' licenses, and the result is a high number of alcohol impaired drivers on our roads. Indeed, since 1983, surveys of adults driving private, four-wheel vehicles between the hours of 10 PM and 3 AM on Friday and Saturday night and early morning have indicated that roughly 17-26% were driving after consuming alcohol (Lund and Wolfe, 1991; Voas et al., 1998). While the overall incidence of DUI had declined steadily since 1973, Voas et al. (1998) caution that there has been no significant reduction in the highest risk (≥.10 BAC) category of drinking drivers.

Many states have legislation that requires some form of "Alcohol Education" for those convicted of DUI as a condition for reinstatement of driving privileges. However, research has repeatedly shown that simply increasing a person's knowledge of the negative consequences of a behavior (in this case, DUI) has not resulted in a change in that behavior (Sheppard and Stoveken, 1993). Vingilis et al. (1996) found that even direct experience as a DUI with an accident and related injuries did not significantly reduce future drinking and driving behavior. Additionally, in a meta-analysis of remediation programs for DUI, Wells-Parker et al. (1995) concluded that education in some combination with other interventions, in addition to the usual punishment (fine and loss of license) reduced DUI recidivism rates on the average a modest 7-9%. Since the average control group recidivism rate was approximately 19%, the intervention effect lowered the rearrest rate to slightly more than 17%.

As a result of frustration with a standard response to DUI offenses of a fine and perhaps some form of alcohol education, Mothers Against Drunk Driving (MADD) began promoting a new form of DUI "education," the Victim Impact Panel (VIP), which had first been used in Massachusetts in 1982 (Shinar and Compton, 1995). This approach called for DUI offenders to attend a session in which family members, friends or the victims themselves related the tragic outcome(s) of a traffic crash involving an intoxicated driver. The sentencing judge issues an official court order mandating the DUI offender to attend the VIP session on a specific date. Attendance is scrupulously taken and those who fail to appear have violated the terms of their sentence and will be ordered to reappear before the judge. Absenteeism does not appear to be a problem.

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It is estimated that there are currently between 200-300 panels meeting on a regular basis in the United States. These panels, which generally last 1-2 hours, can be compared with the standard approaches for DUI offenders which focus on punishment and consequently allow the offenders to perceive themselves as victims of the police and to rationalize their arrests as bad luck and victimization (Shinar and Compton, 1995).

By contrast, VIPs address the emotional component of the DUI offender's cognitive perspective by exposing him/her to the pain or suffering caused by drunk driving. The dramatic presentations of panel members (usually three to five persons) who had been victimized by a drunken driver have been shown to influence behavioral intentions and, in some cases, drunk driving behavior (Badovinac, 1994; Rao et al., 1995; Shinar and Compton, 1995). The VIP members each describe how a person who was DUI had injured them or killed or injured a loved one and how that event had affected their lives. Panelists provide graphic details of the DUI injury or fatality and often bring pictures, letters and other personal effects that emphasize the connection between themselves and the person who was killed or injured. Some panelists who were involved in a crash themselves show up in wheelchairs or on crutches. The not-so-subtle message is, "At the very least, if you do not believe yourself to be at risk (i.e., are in denial), do not put others at risk as a result of your DUI."

The VIP approach appears to share a conceptual similarity to what Braithwaite (1989) proposed as "reintegrative shaming." Braithwaite argues that in many cases the traditional punitive approach of the criminal justice system is not effective because it stigmatizes, ostracizes, and ultimately alienates the offender. What he proposed is a process that emphasizes reintegration and avoids alienating the offender. Reintegrative shaming is "disapproval dispensed within an ongoing relationship with the offender based on respect . . . " (Braithwaite, 1993, p. 1). The shaming which occurs focuses on the "evil of the deed rather than on the offender. . . . " This approach minimizes stigmatization which can be counterproductive. Braithwaite suggests that degradation ceremonies (i.e., an appearance in court) need to be followed by ceremonies that "decertify deviance." These are marked by forgiveness, inclusion back into the community, and repentance.

Rao et al. (1995) feel that VIPs contain elements that are linked to: (1) protection-motivation theory, (2) motivation to change theory, (3) persuasion theory, and (4) an integrative theoretical model. They proposed that an optimum VIP program would "prompt threat appraisal, emphasize responsibility for behavior, bolster self-efficacy for changing behavior and making healthy choices, support beliefs that alternate choices for behavior are effective (response efficacy), provide emotional impact to the messages, provide a menu of alternate choices for behavior, and provide empathetic messages concerning targeted behavior" (p. 14).

It has been found that most DUI offenders generally respond positively to the panel presentation and express an intention not to drink and drive again (Badovinac, 1994; Fors and Rojek, 1997; Rao et al., 1995). This conforms to the response to most emotional appeals. However, the drawback has been a gap between response to the intervention, behavioral intention and future DUI behavior. Therefore, the primary research question addressed in this article is, to what extent the VIP was able to affect drinking and driving behavior as measured through DUI rearrest rates.

Previous research

Efforts to reduce drinking and driving and rearrest rates for DUI offenders have varied widely, and VIPs are just one strategy that has been used. Attempts to evaluate the effectiveness of the VIPs have included pre- and/or post-VIP questionnaires that have assessed offenders' feelings/attitudes about the VIP itself, attitudes about drinking and driving, and behavioral intentions (Badovinac, 1994; Rao et al., 1995), as well as follow-up studies to measure rearrests. Some of the studies have had comparison/control groups and others have not. The studies in Washington and Clackamas counties in Oregon (O'Laughlin, 1990) found recidivism rates of VIP participants to be 9% compared to 15% for nonparticipants. In Oklahoma (NHTSA, 1995b), offenders attend the VIP for 2 hours and then counseling sessions if they desire additional help. The rearrest rate in Oklahoma City has dropped to between 10 and 12% (no preprogram rates reported) and the involvement of alcohol in traffic fatalities has decreased from 30% in 1990 to 25% in 1995 (NHTSA, 1995b). Inspired by the seeming success of the VIPs for offenders, other panel presentations have been made to nonoffender groups of high school and college students around the state. However, a shortcoming of the Oklahoma data was the absence of a control/comparison group.

Researchers acknowledge that a rearrest record could be an underestimate of a violation of the law *or* of program impact (Wells-Parker et al., 1995). However, for purposes of this study, it is assumed that factors other than the VIP which influenced DUI behavior and rearrest were the same for both the VIP and comparison groups. The percentage of rearrests, while not an absolute measure of drinking and driving, can be a reasonably valid indicator of the recidivism rates for VIP and non-VIP participants and no superior measures have been identified (Wells-Parker et al., 1995).

While some of the evaluations of VIPs have shown promising results, Shinar and Compton (1995) point out a variety of problems in research design and interpretation of results. Examples include, but are not limited to, differences in time frame (from arrest to follow-up) between comparison and intervention (VIP) group, relatively small sample size, attrition of subjects, particularly those who were from other states and therefore lost to follow-up, no comparison/control

group, short term vs long term results, and the use of behavioral intention as a surrogate for actual behavior.

Nonetheless, the potential of a cost-effective intervention for DUI has made the VIPs a viable sentencing option or add-on to the usual Alcohol Education course. Unfortunately, the scientific evaluation of VIPs is problematic. Wells-Parker et al. (1995) reported that evaluation of VIP interventions, along with jail-based programs and videotaped self-confrontations comprised less than 2% of all programs in the traffic safety literature. Therefore, the purpose of the evaluation reported in this paper is to add to the small body of knowledge related to VIP interventions. The focus will be on DUI rearrest rates at 6- and 12-month, post-VIP follow-up.

Method

The intervention/experimental group ($n = 404$) consisted of those persons (county residents) who were convicted of DUI between February and July of 1994, in Athens/Clarke County, Georgia (pop. 95,000). The follow-up protocol had been previously approved by the Human Subjects Review Committee of the University of Georgia.

All convicted DUI offenders were required to attend the VIP presentation as part of their sentence. If they missed the VIP session, they were required to attend the next scheduled session. Nonattendance was not a problem and no DUI offender was permitted to leave prior to the conclusion of the VIP session. The VIPs were held each month in the county commission meeting room. Approximately 50-100 people attended the meetings, which were also open to spouses and/or other relatives and friends of the DUI offender.

The DUI offenders were required to show identification and sign in on a master control sheet prior to entering the room where the VIP was held. Each of these individuals had been assigned a case number and this number was used in the computer follow-up for rearrest at 6 and 12 months post-VIP. As part of the follow-up, we were able to determine the age, gender, and race for each of the VIP participants. All VIP participants who attended sessions during the period of February-July 1994, and who were residents of the county where the VIP was held, were included in our intervention sample. Only county residents were followed up in both the intervention and comparison groups because of a significant and somewhat transient university student population. Nonresidents of the county were excluded in order to enhance our ability to do a 12-month follow-up. The VIPs actually began in September-October, 1993, but data were not collected from participants until February due to lag time in project start-up (the authors were asked to provide the follow-up data collection and analysis after the VIPs had already begun) and concern about consistency in the quality of the VIP panel presentations.

Beginning in February, 1995, DUI arrest records for county residents were checked using the National Crime Information Center (NCIC) computer records system. Rearrests during the period between initial arrest and the VIP, between VIP and 6 months after the VIP, and from 6 to 12 months post-VIP were recorded for that person. The focus of the data analysis is on rearrests from the time of exposure to the VIP and to the first 6 months, during the second 6-month interval (months 7-12) and, finally, the aggregate time span from the VIP to 12 months.

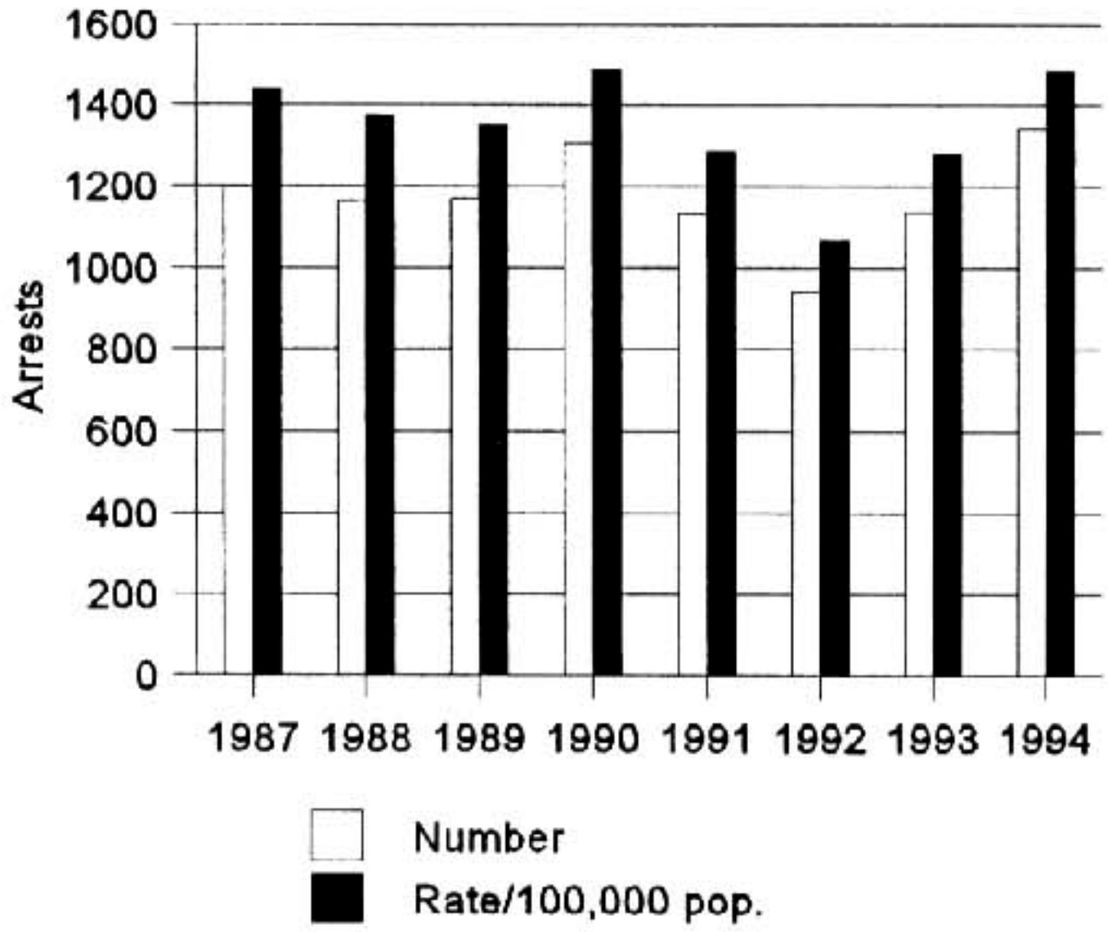

FIGURE 1. DUI arrests in Athens/Clarke County, Georgia (source: Bachtel and Boatright, 1996)

Due to the mandatory attendance requirement of the VIP for all convicted DUI offenders since October of 1993, a non-VIP control/comparison group in the same county during the same time period was not possible. After weighing other options, the authors decided that the comparison group ($n = 431$) should include persons (county residents only, as with the intervention group) who had been arrested for DUI from November 1992-June 1993, a time span immediately prior to the advent of the VIP program. There was no change in the state DUI laws, court or prosecutorial staff, and trends in DUI arrests (number and rate) did not differ between the VIP and comparison groups follow-up periods (Figure 1). Arrest records for the 12 months following each DUI arrest were screened for rearrests for DUI and recorded for the time periods of 0-6 months, 7-12 months, and 0-12 months. The time of the year of arrest and disposition of cases were comparable for the VIP and comparison group. However, since some members of the comparison group were arrested just prior to, or during, the holiday season, there was concern about a high number of rearrests during December and January for those people. Upon checking for higher than usual rearrests during the holiday period, nothing was noted. Thus, a seasonal increase does not appear to be a factor for comparison purposes.

Rearrest rates may not be an accurate or true rate of DUI rearrests since some of the offenders who had been initially arrested in Georgia may have moved to another state or were

simply arrested in an adjoining state. In these cases, the rearrest would not appear on the person's Georgia computer record. Similarly, those DUI offenders who were not residents of the county in which the VIP program was conducted were excluded from the study. Further, rearrest or official action by law enforcement is always an underestimate of the true recidivism rate because so much DUI behavior is undetected under normal community policing strategies. However, the important issue in this study is not the absolute number or rate of rearrests, but the difference between the intervention and comparison groups; i.e., to what extent did the addition of the VIP experience reduce rearrest rates when compared with the traditional court imposed sanctions for DUI?

Primary demographic data that were available from police computer records were age, race, and gender. Rearrest was categorized for 0-6 months, 7-12 months, and 0-12 months. Initial calculations used rearrest as a dichotomous variable (yes or no) for the time periods; however, the actual number of rearrests during those periods was also indicated for each person. Additionally, number of prior arrests for DUI was listed for each person.

The Cochran-Mantel-Haenszel chi-square bivariate statistic was used as the first step to test for differences in rearrests between intervention and comparison groups in aggregate and by age, race and gender. The second step was to employ logistic regression which provided a multivariate test with maximum likelihood estimates (MLE) and odds ratios for the independent variables as they related to the probability of arrest.

Results

There were 404 subjects in the VIP group and 431 subjects in the comparison group. Table 1 indicates the demographic characteristics of the intervention and comparison groups. As will be discussed later, the groups did not differ significantly in any characteristics that were critical for this study. Approximately 26% of the population of the county where the study was conducted is black and both the VIP and comparison group were within 5 percentage points of this figure. Men were overrepresented in both groups when compared with the larger population and this is typical of DUI arrests in general. Some 75% of DUI offenders are under the age of 35 according to the Uniform Crime Reports and this figure is approximated in Table 1. Similarly, around 8% of DUI offenders recorded in the Uniform Crime Reports are over the age of 50, and this is also reflected in Table 1.

TABLE 1. Demographic characteristics of VIP and comparison groups (figures shown are % of total)

	VIP (n = 404)	Comparison (n = 431)
Age (years)		
16-25	43.5	34.1
26-35	32.2	30.6
36-50	18.5	28.1
51+	5.7	7.2
Race		
Black	22.5	31.3
White	76.0	67.8
Hispanic	<1.0	<1.0
Other	<1.0	<1.0
Gender		
Male	81.6	83.8
Female	18.4	16.2

Rearrests: bivariate analysis

The primary measure in this study for the assessment of effectiveness of the VIP program was rearrests. The VIP and the comparison groups were compared for percent rearrested from 0-6 months, 7-12 months, and for the entire 12-month follow-up period (see Table 2). At the latter two time periods, using the chi-square (χ^2) statistic, the VIP group had significantly lower rearrest rates than did the comparison group. The rearrest rate for the entire 12-month follow-up period for the VIP group (5.94%, $n = 24$) was 65% lower than that for the comparison group (15.08%, $n = 65$).

The VIP and the comparison groups were compared using age, race and gender as the independent variables. The only instance where there was a statistically significant difference ($p < .001$) for age was in the 26-35 year group. While the effect of the VIP program was positive for blacks, the results were not statistically significant. However, for whites the difference between the VIP and the comparison group was highly significant ($p < .001$) with the VIP group having a rearrest rate that was approximately 70% less than the comparison group (5.05% vs 16.08%). By gender, the difference was significant for men ($p = .001$) but not for women even though their rearrest rate was about half that of the comparison group.

In addition to differences by demographic characteristics, a second line of inquiry concerned how well the VIP worked with those who had prior DUI arrests. Members of the VIP and the comparison groups were classified by number of prior DUI arrests. The samples were categorized into *no prior arrests, one prior arrest,* and *two or more prior arrests.* While VIP participants who had no prior arrests had a lower rearrest rate than the comparison group, the results were not statistically significant. The major effects occurred with those VIP participants who had one or two prior arrests for DUI.

TABLE 2. Rearrest rates for VIP and comparison groups for three time periods following DUI arrest (%)

Time (mo.)	VIP (n = 404)	Comparison (n = 431)
0-6	2.97	5.80
7-12	2.97[a]	10.44[a]
0-12	5.94[b] (n = 24)	15.08[b] (n = 65)

Note: % for 0-12 does not equal sum of 0-6 and 7-12 because people with an arrest in each time period were counted only once for 0-12.
[a]χ^2 = 18.84, 1 df, p = .001; [b]χ^2 = 18.28, 1 df, p = .001.

Rearrests: multivariate analysis

While the chi-square statistical test provides some basic comparisons, a test such as logistic regression provides a much more critical look at which independent variables, when compared to others within a specific model, had the strongest influence on the dependent variable; in this case, whether or not a person was rearrested during the 12-month follow-up. In this strategy, whether or not the subjects participated in the VIPs was compared with demographic variables (race, gender, age), prior DUIs, and specific age groups.

Logistic regression is similar to multiple regression analysis with a dependent variable as the log odds of a dichotomy rather than a continuous variable. As in multiple regression, the independent variables in logistic regression may be continuous variables, dichotomous variables, multicategory dichotomous variables or interaction terms. The logistic regression equation resembles a linear, multiple regression equation in that the individual parameter estimates indicate how much the log of the dependent variable's odds change when the corresponding independent variable changes by one unit. In contrast to ordinary least squares regression which uses the least squares criterion, logistic regression uses the maximum likelihood estimation method which yields the highest probability of generating the sample observations. Interpreting each effect is done in terms of how the predictor variable increases or decreases the log odds. Rather than explaining the dependent variable in terms of a probability, logistic regression expresses the relationship in terms of a logarithm of the odds of two probabilities.

Six different logistic regression models were used to test for the impact of VIP participation on DUI recidivism. The results of these analyses are presented in Table 3. The dependent variable is a DUI rearrest during the 12-month study period (coded as 0 = no arrests, and 1 = one or more rearrests). In Model 1, only participation in VIP versus no participation in VIP (the comparison group) is entered into the logistic model. The MLE of 1.034 is highly significant and the odds ratio of 2.81 (inverse of the natural log of 1.034) indicates that experiencing a VIP presentation increases the log odds of not having a DUI rearrest by 181% (2.81 − 1.0). This finding is reflected in the results shown in Table 2 in which the total number of DUI rearrests for the VIP group was 24 and the total number of rearrests in the comparison group was 65. The number of rearrests in the comparison group is nearly 180% higher than in the VIP group.

In Model 2, the effect of VIP participation is examined controlling for race (black vs white), gender, prior DUI arrests and age. Hispanics and "others" were not included because they were <1% of the sample. The MLE for VIP exposure is .911 (significant at the .001 level) with an odds ratio of 2.49. The MLEs for race, gender and age are not significant and the odds are approximately 1, indicating no significant impact on the dependent variable of DUI rearrest. However, the MLE for prior DUI arrests is significant. The negative sign for the parameter estimate for prior arrests (−.253) means that having prior DUI arrests lowers the odds (exp[−.253] = .78) of being in the no rearrest group by 22%. Nonetheless, despite controlling for race. gender, prior arrests and age, the net impact of VIP participation of DUI rearrests is still exceedingly strong.

In Model 3, age is dichotomized into two groups: 16-30 years of age and greater than 30 years. There is some suggestion in the literature that age may produce an interaction effect, with VIP treatment being more effective with older adults. The MLE results and odds ratios for Model 3 are nearly identical to the results for Model 2, where age is a continuous variable. The efficacy of VIP involvement does not appear to be contingent on the age of the DUI offender. Similarly, the negative effect of prior DUI arrests remains virtually identical in Models 2 and 3.

Finally, Models 4, 5 and 6 represent a further attempt to isolate the significance of age. Age was trichotomized into 16-25 years, 26-35 years and 36 years and older. If VIP exposure is ineffective for younger adults or more salient for older adults, this should have become apparent in the logistic results for Models 4, 5, and 6. In Model 4, the 16-25 age group is compared to the other two age groups. The MLE and

TABLE 3. Logistic regression: Maximum likelihood estimates (MLE) and odds ratios (OR) with a dichotomous dependent variable of rearrest vs no rearrest

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
Independent Variable	MLE	OR	MLE	OR	MLE	OR	MLE	OR	MLE	OR	MLE	OR
VIP	1.034†	2.81	.911†	2.49	.905†	2.47	.900‡	2.46	.911‡	2.49	.905†	2.47
Race[a]	–	–	−.005	0.99	.023	1.02	.065	1.07	.012	1.01	.023	1.02
Gender[b]	–	–	−.075	0.93	−.069	0.93	−.065	0.94	−.073	0.93	−.069	0.93
Priors[c]	–	–	−.253†	0.78	−.243‡	0.78	−.223†	0.80	−.238‡	0.79	−.244‡	0.78
Age	–	–	.004	1.00	–	–	–	–	–	–	–	–
16-30/30+	–	–	–	–	−.014	0.98	–	–	–	–	–	–
16-25/26-35;36+	–	–	–	–	–	–	−.214	0.81	–	–	–	–
26-35/16-25;36+	–	–	–	–	–	–	–	–	.176	1.19	–	–
36+/16-25; 26-35	–	–	–	–	–	–	–	–	–	–	.014	1.01

Note: Coded as: [a]black = 1; white = 0; [b]male = 1; female = 0; [c]priors = 1; no priors = 0.
†$p < .001$.

odds ratios for VIP, race, gender, and prior arrests are not dramatically different from Models 2 or 3. The MLE of −.214 and odds ratio of .81 suggest that the 16-25 age group is less amenable to the VIP as opposed to the older age groups, but because of a large standard error for this coefficient, the MLE is not significant. In Model 5, the 26-35 age category is compared with the other two age groups but the MLE and odds ratio results are comparable to Model 2, using age as an interval measure. Finally, Model 6 contrasts the 36 years and older group with the two younger age groups. Again, the logistic regression results mirror the findings for Model 2. Thus, whether age is measured as a continuous variable, dichotomized or trichotomized, the overall results are the same. Participation in a VIP group significantly increases the odds of not being rearrested, net of the effect of race, gender, age or prior DUI arrests. Race, gender and age do not have any apparent impact on DUI arrests. However, prior DUI arrests do reduce the log odds of not being rearrested for DUI but do not attenuate the strong, positive effect resulting from experiencing the VIP presentation.

Discussion

The consistent, positive results of the VIP intervention for DUIs at the 12-month follow-up as presented in this research necessitate a careful assessment of the possibility of other explanations. The time frame of the study, change in laws or enforcement strategies during the study period, a general decrease in DUI behavior and/or resulting arrests in the study area, change in court personnel or sanctioning strategies, or change in the at-risk population of DUI offenders all proved to be insignificant factors. While the comparison group predates the VIP study group by approximately 1 year, no changes in the law, law enforcement tactics or the population at risk occurred during the study period.

Based on what is a strictly scientific assessment of the outcomes of a VIP and comparison group, this study supports what others have believed (e.g., in Oregon and Oklahoma), albeit without comparison groups. It appears that Victim Impact Panels can be a cost-effective strategy as one part of DUI sentencing. These results seem particularly impressive when viewed alongside the average treatment effect of programs included in the Wells-Parker et al. (1995) meta-analysis.

DUI arrests are but a reflection of actual DUI behaviors, but they appear to be the best indicator available for assessing the effectiveness of a VIP program. The psychological impact of listening to a panel of four or five DUI victims revealing the painful details of how an intoxicated driver impacted their lives seems to have positive results that persist for at least 12 months. Post-VIP anonymous questionnaires which were completed by convicted DUIs in attendance revealed an overwhelming positive response to the panels. Further, considering the modest financial expenditure required to establish and maintain a relatively simple and straightforward VIP program as compared to the exorbitant costs (economic and in terms of human suffering) associated with DUI crashes, injuries and/or fatalities, a case can be made for further well-designed evaluations and diffusion of this intervention model.

Additional evaluations of VIPs need to be conducted to see if the findings of the current study can be replicated across population groups and settings. These studies should be designed to include (if possible) subjects who are randomly assigned to intervention and control groups during the same period. This may be difficult if not impossible in one county because of the issues of fairness, equity of punishment and human subjects concerns. The problem could be handled by researchers finding a control/comparison county that has demographics and DUI arrest data that are similar to the intervention county.

Braithwaite's concept of "reintegrative shaming" and the theoretical models posited by Rao et al. provide additional food for thought in attempts to explain why the VIPs seem to work so well given minimal exposure time (1-2 hours) of the DUI offenders. The question is raised whether the component parts of each of these models can be measured both pre- and postintervention and then tested for ability to predict who will or will not be rearrested. An additional idea related to reintegrative shaming that could be tested would require one group of randomly selected VIP participants to bring a significant other or close associate with him or her to the meeting and then compare rearrests of this group to those of VIP participants in another group who come by themselves.

Further analysis needs to address the issue of whether the VIP approach works better with some demographic groups than others. Attention also needs to be given to whether admitting DUI offenders with an excessive history of DUI arrests might be detrimental to the overall process of the VIP approach.

Follow-up of the same groups for 2 years would provide further evidence of the "staying power" of the deterrent impact. In their meta-analysis of "remedial interventions with drink/drive offenders," Wells-Parker et al. (1995) favored studies in which the follow-up period was 2 years and omitted studies in which it was less than 6 months. They found that while overall mean recidivism rates were relatively the same, "the effect sizes for the shortest intervals were significantly more varied than effect sizes from longer intervals" (p. 914).

Finally, because VIP is a program that utilizes volunteer panelists, it would be worthwhile to assess the use of videotaped presentations of some or all of the panelists so as to reduce the burden on the volunteers. Perhaps the need for an in-person panel of five or six could be attenuated with the use of one or two videotaped testimonials? This could potentially have at least two benefits: reduce panelist "burn out", and provide additional testimonials in rural counties where the cost and time of serving might be a barrier to recruiting and retaining in-person panelists. A proposed research design includes a follow-up of 12 and 24 months for DUIs in one of four interventions: all in-person VIP panelists, a VIP panel

that is half in-person and half videotaped, a VIP panel that is all videotaped, and a non-VIP comparison group.

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